

RECEIVED

FEB 12 2018

In the United States District Court
For the Western District of Texas

CLERK, U.S. DISTRICT COURT,
WESTERN DISTRICT OF TEXAS

BY ~~DEPUTY CLERK~~
Humberto H. Gomez #02057999

plaintiff,

v.

AMENDED
COMPLAINT

Civil Action no. W-18-cv-019

Dr. Bennet, Dr. Togo, and
Dr. Nosioffis, individually
and in their official Capacities.

Defendants.

JURISDICTION AND VENUE

1. This is a Civil action authorized by 42 U.S.C. section (1983) to redress the deprivation, under color of State law, of rights secured by the Constitution of the United States.
2. The Western District is an appropriate venue under 28 U.S.C. section 1391(b)(2) because it is where the events giving rise to this Claim occurred.

PARTIES

3. Plaintiff Humberto H. Gomez #02057999 is and was, at all times relevant hereto, a prisoner in the Custody of the T.D.C.J-ID. At all times relevant hereto, Gomez was incarcerated at the Alfred Hughes unit.
4. Defendant Dr. Bennet was and is, at all times relevant hereto, a physician employed or retained by the T.D.C.J-ID, to provide medical services at the Hughes unit.

5. Defendant Dr. Togo was and is, at all times relevant hereto, a physician employed or retained by the T.D.C.-J-ID, to provide medical Services at the Hughes unit.

6. Defendant Dr. Nosiottis was and is, at all times relevant hereto, a physician employed or retained by the T.D.C.-J-ID, to provide medical Services at the Hughes unit.

PREVIOUS LAWSUITS BY PLAINTIFF

7. When plaintiff Filed his original Complaint, plaintiff improperly Joined defendants in his single Complaint. As a result, Certain parties and Claims were severed and a new Case was assigned. This Case was transferred to the Corpus Christi Division of the Southern District of Texas. Other than these mentioned lawsuits, plaintiff has filed no other lawsuits.

EXHAUSTION OF ADMINISTRATIVE REMEDIES

8. Plaintiff has gone through the grievance procedures twice for the issues stated in this Complaint.

FACTS

9. Plaintiff has been assigned to and resided at the Alfred Hughes unit since the 13, day of July 2017.

10. On the 13, day of July 2017, plaintiff submitted a sick call request to the medical Department concerning a medical condition that consisted of -

severe abdominal pain and bleeding from the rectum. REFERR TO EXHIBIT A.

11. When plaintiff did not get a response, on the 19, day of July 2017, plaintiff submitted another sick call request once again complaining of the aforementioned medical conditions. REFERR TO EXHIBIT B.
12. On the 19, day of July 2017, Following plaintiffs sick call request, plaintiff consulted with nurse Muñoz about the aforementioned medical conditions. Mr. Muñoz advised plaintiff that he would be referred to see the doctor, however this never happened.
13. On or about the 15, day of August 2017, plaintiffs condition worsened and he was sent to the hospital where he consulted with doctor about the aforementioned medical conditions.
14. Following plaintiffs visit to the emergency room plaintiff was referred to see defendant Dr. Togo for follow-up medical care.
15. plaintiff consulted with defendant Dr. Togo about the aforementioned medical conditions and requested the following treatments: pain medication, Hemorrhoidal Cream, and Blood Analysis to investigate the cause of the bleeding from the rectum, and to conduct a blood count to make sure that plaintiff was not losing a significant amount of blood.

16. Defendant Dr. Togo failed to provide plaintiff with the aforementioned requested treatments and failed to send plaintiff to a GI specialist for further evaluation.
17. On the 25, day of August 2017, plaintiff submitted another sick call request, once again complaining of the aforementioned medical conditions. REFERR TO EXHIBIT C
18. Following plaintiff's sick call request, plaintiff once again consulted with defendant Dr. Togo about the aforementioned medical conditions and requested the aforementioned treatments.
19. Defendant Dr. Togo once again failed to provide plaintiff with the aforementioned requested treatments and failed to send plaintiff to a GI specialist for further evaluation.
20. On the 1, day of September 2017, plaintiff consulted with defendant Dr. Bennet about the aforementioned medical conditions and requested the aforementioned treatments. REFERR TO EXHIBIT E
21. Defendant Dr. Bennet, who seemed to be agitated for some reason denied plaintiff's request for any of the aforementioned treatments and refused to examine plaintiff.
22. In addition, defendant Dr. Bennet advised Correction officer Dawson to remove plaintiff from his presence because there was nothing wrong with plaintiff except that plaintiff was full of shit.
23. On the 5, day of September 2017, plaintiff submitted a type written request to nurse Smith requesting Ms. Smith's help and informing Ms. Smith of his medical conditions. REFERR TO EXHIBIT D

24. On the 7, day of September 2017, plaintiff once again consulted with defendant Dr. Bennet about the aforementioned medical conditions and requested the aforementioned treatments. REFERR TO EXHIBIT E
25. Defendant Dr. Bennet once again denied plaintiff's request for any of the aforementioned treatments and refused to examine plaintiff.
26. On the 8, day of September 2017, plaintiff submitted a type written letter to nurse Ms. Smith to inform Ms. Smith about the repeated mistreatment and denial of medical care by defendant Dr. Bennet. Ms. Smith did not respond. REFERR TO EXHIBIT E
27. On the 11, day of September 2017, plaintiff once again consulted with defendant Dr. Bennet about the aforementioned medical conditions and requested the aforementioned treatments.
28. Defendant Dr. Bennet advised plaintiff that he would provide him with the requested aforementioned treatments, to which consisted of: pain medication to alleviate his abdominal pain, Hemorrhoidal Cream to treat Hemorrhoids, and Blood Analysis to investigate the cause of the bleeding from the rectum and to conduct a blood count to make sure plaintiff was not losing a significant amount of blood.
29. Defendant Dr. Bennet provided plaintiff with medication (CARBAMAZEPINE) in an attempt to treat plaintiff's abdominal pain, but defendant Dr. Bennet failed to provide plaintiff with any of the other aforementioned requested treatments, making plaintiff's medical treatment inadequate.
30. In addition, defendant Dr. Bennet failed to send-

plaintiff to a GI specialist for further evaluation.

31. On the 18, day of September 2017, plaintiff submitted another sick call once again complaining of the aforementioned medical conditions.
REFERR TO EXHIBIT F
32. Following plaintiff's sick call request plaintiff once again consulted with defendant Dr. Bennet about the aforementioned medical conditions and advised defendant that: the medication he had prescribed for pain was not helping him but causing him bad side effects: and that he had not received any of the other aforementioned requested treatments.
33. Defendant Dr. Bennet once again failed to provide plaintiff with any of the other aforementioned requested treatments and failed to treat plaintiff's abdominal pain where defendant did not discontinue the medication plaintiff complained was not helping but causing him bad side effects: and prescribed plaintiff (ZANTAC) as an alternative medication to treat plaintiff's pain.
34. On or about the 22, day of September 2017, plaintiff began experiencing severe pains throughout his stomach and began bleeding excessively from the rectum.
35. Plaintiff, under extreme physical, and mental anguish, and in a desperate need to have his stomach checked forcefully swallowed several razor blades.
36. Following this incident plaintiff was sent to the hospital where he consulted with doctor about the aforementioned medical conditions, the repea-

ted denials of treatment, and the extended delays to be sent to the GI specialist by prison doctors.

37. On the 2, day of October 2017, plaintiff, under severe pain, and emotional distress due to his repeated unsuccessful attempts to obtain medical care for the aforementioned medical conditions attempted to commit suicide by overdosing on medication intended to treat his blood pressure.
38. Following this incident plaintiff once again was sent to the hospital where he was evaluated for the overdose. while plaintiff was there plaintiff consulted with the hospital doctor about the aforementioned medical conditions.
39. In regards to plaintiff's complaint of these aforementioned medical conditions the hospital doctor conducted an occult stool test, and an anoscopy, to which revealed external and internal Hemorrhoids.
40. On the 9, day of October 2017, plaintiff submitted another sick call request once again complaining of the aforementioned medical conditions.
REFERR TO EXHIBIT G.
41. Following plaintiff's sick call request, on the 12, day of October 2017, plaintiff once again consulted with defendant Dr. Togo about the aforementioned medical conditions and requested the aforementioned treatments, and adding a request of Hemorrhoidal Suppositories to treat internal Hemorrhoids. REFERR TO EXHIBIT H
42. Defendant Dr. Togo once again failed to provide plaintiff with the requested aforementioned treatments and failed to send plaintiff to a GI specialist for further evaluation.

43. On the 13, day of October 2017, plaintiff submitted another written request to nurse Ms. Smith requesting Ms. Smith's help and informing Ms. Smith of defendant Dr. Togo's failure to provide plaintiff with the aforementioned requested treatment. REFERR TO EXHIBIT H
44. This written request was answered by nurse J. Collett who at that time referred plaintiff back to defendant Dr. Togo. REFERR TO EXHIBIT H
45. On or about the 18, day of October 2017, plaintiff was sent to the hospital to undergo an endoscopy and Colonoscopy procedure, which would be conducted by the GI Specialist.
46. While plaintiff was at the hospital awaiting to undergo these aforementioned procedures plaintiff began having problems with his blood pressure and passed out.
47. Since it was assumed that plaintiff overdosed, plaintiff's appointment with the GI Specialist was canceled and he was sent to Crisis management.
48. Following plaintiff's clearance from the Crisis management department, plaintiff was never sent back to undergo the aforementioned procedures.
49. On the 3, day of November 2017, plaintiff submitted two more written requests to nurse Ms. Smith concerning the aforementioned medical conditions. REFERR TO EXHIBITS I AND J
50. Plaintiff requested Ms. Smith's help and informed Ms. Smith of defendants Dr. Bennett's and Dr. Togo's failure to provide plaintiff with the aforementioned requested treatments. These requests were answered by two different nurses. REFERR TO EXHIBITS I AND J

51. On the 3, day of November 2017, plaintiff also submitted another sick call request once again complaining of the aforementioned medical conditions. REFERR TO EXHIBIT K
52. Following plaintiff's sick call request plaintiff consulted with defendant Dr. Nosiottis about the aforementioned medical conditions and requested the aforementioned treatments, to which consisted of: pain medication, Hemorrhoidal Cream and Suppositories, and Blood analysis to investigate the cause of the bleeding from the rectum and to conduct a blood count to make sure that plaintiff was not losing a significant amount of blood.
53. In addition plaintiff advised defendant Dr. Nosiottis that the medication defendant Dr. Bennett had prescribed for pain was not helping him but instead was causing him to experience bad side effects.
54. While it is true that defendant Dr. Nosiottis provided plaintiff with an alternative medication namely (EFFEXER) in an attempt to treat plaintiff's pain, defendant Dr. Nosiottis failed to provide plaintiff with any of the other aforementioned treatments, making plaintiff's medical care inadequate.
55. In addition defendant Dr. Nosiottis disregarded a risk to plaintiff's health by increasing the dosage of the medication (CARBAMAZEPINE) that plaintiff complained was not helping with the pain but rather causing bad side effects.
REFERR TO EXHIBITS H AND I
56. On the 16, day of November 2017, plaintiff was taken to the medical department for the aforeme-

mentioned medical conditions. plaintiff once again was advised that he would receive the aforementioned requested treatments, however plaintiff never received any of the treatments.

57. Throughout the month of December 2017, plaintiff submitted several Sick Call requests complaining of the aforementioned medical conditions. These Sick Call requests were never answered.
58. On or about the 12, day of January 2018, plaintiff was lying on his bunk under extreme abdominal pain when he felt and noticed a large amount of blood soaking into his cloths and bed-sheets.
59. Plaintiff went up to his cell door and began pleading for help. When Correctional officers arrived to plaintiff's cell and noticed blood on the floor, toilet and bed, plaintiff was immediately taken to the medical department as an emergency.
60. Upon arrival to the medical department plaintiff consulted with nurse Ms. Robertson who at that time examined plaintiff and sent him back to his cell advising him that he would see the doctor later on.
61. Later on that same day, plaintiff consulted with defendant Dr. Nosiottis about the aforementioned medical conditions and once again requested the aforementioned treatments.
62. Defendant Dr. Nosiottis once again failed to provide plaintiff with any of the aforementioned requested treatments. In addition defendant Dr. Nosiottis failed to send plaintiff to a GI specialist for further evaluation.

FAILURE TO ADMINISTER ADEQUATE MEDICAL TREATMENT.

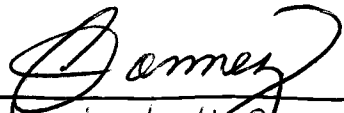
64. Defendants Dr. Bennet, Dr. Togo, and Dr. Nosiottis exercised deliberate indifference to plaintiff's health by failing to provide adequate medical care to him following his repeated complaints of severe abdominal pain and bleeding from the rectum. Defendants also intentionally delayed plaintiff from being sent to the GI specialist for further evaluation.
65. As a result of defendants Dr. Bennet's, Dr. Togo's, and Dr. Nosiottis's deliberate indifference to plaintiff's medical conditions plaintiff suffered further pain and mental anguish. He continued to suffer from severe abdominal pain and bleeding from the rectum. In addition plaintiff suffered from major anxiety due to the constant pain, and worry about having cancer or any other life threatening disease that without treatment would eventually deteriorate and take his life.

WHEREFORE, plaintiff prays for judgement in his favor and damages in his favor against all defendants in an amount sufficient to compensate him for the pain and mental anguish suffered by him due to the deliberate indifference and intentional misconduct of defendants, but in no event less than 200,000, excluding attorney fees and costs, and such additional relief as the court may deem just and proper.

Respectfully Submitted,

Humberto H. Gomez #02057999
Plaintiff

I, Humberto Hilario Gomez, declare under penalty of perjury under the laws of the UNITED STATES OF AMERICA, that the foregoing is true and correct. Title 28, U.S.C. Section 1748. Signed this 5, day of February 2018.



Humberto H. Gomez
#02057999

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

EXHIBIT A

PART A: (To be completed by offender)

Date: 7.13.17Offender's Name: Comney, Humberto H.TDCJ No.: 02057999

Work Assignment: _____

Work Hours: _____

Wing No: 12B-80

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____Reason for Health Services Appointment: Abdominal pain and rectal pa-
in and bleeding.

How long have you had this problem?

Hours: _____

Days: 15 - Months

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

Comney
Signature of Offender

JUL 20 2017

Part B: (To be completed by medical personnel - Do not write below this line)

Medical Reply: _____

Sick Call
Answered
7/20/17

Medical Staff Member's Signature

Date

HSA - 9 (Rev. 2/12)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

EXHIBIT B

PART A: (To be completed by offender)

Date: 7.19.17Offender's Name: Comney, Humberto H.TDCJ No.: 02057999Work Assignment: 12

Work Hours: _____

Wing No: 12B-80

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____Reason for Health Services Appointment: Abdominal pain and rectal p-
ain and bleeding.

How long have you had this problem?

Hours: _____

Days: 15 - Months

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

Comney
Signature of Offender

JUL 20 2017

Part B: (To be completed by medical personnel - Do not write below this line)

Medical Reply: _____

Sick Call
Answered
7/20/17

Medical Staff Member's Signature

Date

HSA - 9 (Rev. 2/12)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

EXHIBIT C

PART A: (To be completed by offender)

Date: 8-25-17
 Offender's Name: Donney, Humberto H. TDCJ No.: 02057999
 Work Assignment: _____ Work Hours: _____
 Wing No: 12-B-80 School Hours: _____
 Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____
 Reason for Health Services Appointment: Severe abdominal pain and bleeding from the rectum.
 How long have you had this problem? Hours: _____ Days: 16 months

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

Donney
Signature of Offender

Part B: (To be completed by medical personnel – Do not write below this line)

Medical Reply: _____

CONSULTED RN

Thomas

Medical Staff Member's Signature

8-29-17

AUG 29 2017

Date

INMATE REQUEST TO OFFICIAL
(I-60)

EXHIBIT D

To: T. Smith - RN, CNM

DATE: September 5, 2017

Address : Hughes Unit

Ms. Smith,

I have received your response of the STEP 1 Grievance, on which I had submitted, for a Medical Complaint. I filed this Grievance under the assumption, that while an investigation was conducted- a review of my medical records would reveal the fact that my complaint of this medical condition, has existed for an extended period of time.

This delay has been a factor to the deterioration of my condition. Over the past 16 months, the pain intensity has upgraded, the rectal bleeding is more consistent, and my appetite has dramatically decreased. There is a great difference in being "interviewed" by a GI Specialist through TeleHealth, than being "examined in person by the specialist.

Ms. Smith, I am respectfully requesting if I can be monitored by medical personnel. This pain is terrible and the bleeding just makes this more overwhelming. Also, I can not eat, which makes me even more concerned. I would really appreciate a response, at the earliest time possible.

Thank You...

NAME: Humberto H Gomez

No: 02057999

UNIT: Hughes

Living Quarters: 12-B-80

Work Assignment: Level I -Ad Seg.

DISPOSITION:

EXHIBIT D

*An expedited referral to HG GI has been submitted.
No appt. date yet, you were seen by nursing 9/7/17.*

Provider Sick Call

SEP 08 2017

*T. Smith RN CNM
9/8/17*

TEXAS DEPARTMENT OF CRIMINAL JUSTICE-INSTITUTIONAL DIVISION

INMATE REQUEST TO OFFICIAL
(I-60)

EXHIBIT E

To: T. Smith - RN, CNM

Date: 9-8-17

Address: Hughes Unit

Ms. Smith,

On 9-1-17 I was taken to A-B Medical clinic on a walk in procedure for a complaint of severe abdominal pain and excessive bleeding from the rectum. Upon arrival at the clinic I informed Dr. Bennent and nurse Munoz of my conditions and requested pain medication and an examination in regards to the excessive bleeding. Dr. Bennent and nurse Munoz denied my request of pain medication, and refused to examine me. In addition, Dr. Bennent stated that there was nothing wrong with me for the exception that I was full of shit. Witnesses to this incident are officer Dawson and Lt. Strickland. On 9-7-17 I was taken to A-B clinic as a walk in procedure for the same issue and once again I was denied medical care.

Thank You....

Name: Humberto H Gomez

No: 02057999

Unit: Hughes

Living Quarters: 12-B-80

Work Assignment: Level I-Ad Seg.

Disposition:

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

EXHIBIT F

HEALTH SERVICES DIVISION

SICK CALL REQUEST

PART A: (To be completed by offender)

Date: 9.18.17Offender's Name: Domínguez, Humberto H.TDCJ No.: 02057999

Work Assignment: _____

Work Hours: _____

Wing No: 12-B-80

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____Reason for Health Services Appointment: Severe abdominal pain bleed-
ing and loss of appetite.

How long have you had this problem?

Hours: _____

Days: 17 months

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

Signature of Offender

Part B: (To be completed by medical personnel - Do not write below this line)

Medical Reply: Seen and referredH. FARRIS L.V.N.09/20/17CONSULT RN
JFK

SEP 20 2017

Medical Staff Member's Signature

Date

HSA - 9 (Rev. 2/12)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

EXHIBIT G

HEALTH SERVICES DIVISION

SICK CALL REQUEST

PART A: (To be completed by offender)

Date: 10.9.17Offender's Name: Domínguez, Humberto H.TDCJ No.: 02057999

Work Assignment: _____

Work Hours: _____

Wing No: 12-B-80

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____Reason for Health Services Appointment: Severe abdominal pain and rect-
al bleeding.

How long have you had this problem?

Hours: _____

Days: 18 months

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

Signature of Offender

OCT 11 2017

OCT 11 2017

Part B: (To be completed by medical personnel - Do not write below this line)

Medical Reply: 10/11/17

called out to
refer to
provider
follow up
at Hospital
Nov 2017
THURS

Consulted RN
10/11/17
TH

Medical Staff Member's Signature

Date

HSA - 9 (Rev. 2/12)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

INMATE REQUEST TO OFFICIAL EXHIBIT H

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- | | |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building) | 5. <input type="checkbox"/> Visiting List (Asst. Director of classification, Administration Building) |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee) | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor) |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification) | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration) |
| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building) |

TO: T. SMITH RN CNM DATE: 10.13.17
(Name and title of official)ADDRESS: MEDICAL DEPT.

SUBJECT: State briefly the problem on which you desire assistance.

Ms. Smith, I NEED HELP! I AM IN SERIOUS STOMACH PAIN! ON 10.12.17 I was seen by Dr. Togo for a Condition of on going abdominal pain and rectal bleeding. I informed Mr. Togo that the medication Dr. Bennet had prescribed me to treat the stomach pain was not helping me at all, but instead was causing me to experience bad side effects. I asked Mr. Togo for other medication available to treat the pain. Mr. Togo denied my request and stated that I needed to wait until I was seen by the GI specialist. when will I see the specialist.?

Name: Gomez, Humberto H. No: 02057999 Unit: AH 12B36
 Living Quarters: ~~12-B-80~~ ~~E-2~~ ~~10-10~~ Work Assignment: ~~J-1/H-19~~

DISPOSITION: (Inmate will not write in this space)

Provider Sick Call
 J. Colletta RN
 10.17.17

OCT 17 2017

INMATE REQUEST TO OFFICIAL EXHIBIT I

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- | | |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building) | 5. <input type="checkbox"/> Visiting List (Asst. Director of classification, Administration Building) |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee) | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor) |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification) | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration) |
| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building) |

TO: T. Smith RN CNM DATE: 11.2.17
(Name and title of official)

ADDRESS: Medical Department.

SUBJECT: State briefly the problem on which you desire assistance.

I have repeatedly advised Dr. Togo and Dr. Bennet that the medication that was prescribed for the stomach pains did not help me at all but had only caused me to experience bad side effects. I have advise Both Mr. Togo and Mr. Bennet that I am no longer taking this medication (CARBAMAZEPINE) and need an alternative medication to treat the stomach pains. I AM ASKING FOR HELP! I AM IN SERIOUS PAIN! I AM REPEATEDLY DENIED ANY FURTHER TREATMENT!

Name: Domínguez, Humberto No: 02057999 Unit: AH
 Living Quarters: 12-B-36 Work Assignment: _____

DISPOSITION: (Inmate will not write in this space)

seen & referred
 on 11/7/17.
 A. Grisham, LNP
 11/7/17 *AG*

NOV 07 2017

D. Thomason, RN *DT*

CONSULTED RN

INMATE REQUEST TO OFFICIAL EXHIBIT J

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- | | |
|---|---|
| 1. <input type="checkbox"/> Unit Assignment, Transfer (Chairman of Classification, Administration Building) | 5. <input type="checkbox"/> Visiting List (Asst. Director of classification, Administration Building) |
| 2. <input type="checkbox"/> Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee) | 6. <input type="checkbox"/> Parole requirements and related information (Unit Parole Counselor) |
| 3. <input type="checkbox"/> Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification) | 7. <input type="checkbox"/> Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainers-Unit Administration) |
| 4. <input type="checkbox"/> Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757) | 8. <input type="checkbox"/> Personal Interview with a representative of an outside agency (Treatment Division, Administration Building) |

TO: T. Smith RN CNM DATE: 11.3.17
(Name and title of official)

ADDRESS: Medical Department

SUBJECT: State briefly the problem on which you desire assistance.

On 9.11.17 Dr. Bennet ordered me a prescription of lactulose. I am respectfully requesting any information as to why I never recieved this medication.

Thank you...

Name: Gomez, Humberto No: 02057999 Unit: AH
 Living Quarters: 12-B-36 Work Assignment:

DISPOSITION: (Inmate will not write in this space)

11/2/17
 you received the last bottle
 on 11/25/2017. They can be
 exchanged as needed during
 medication pass periods.

NOV 07 2017

PLEASE NOTE
 THAT THIS IS A
 FALSE STATE-
 MENT.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

HEALTH SERVICES DIVISION
SICK CALL REQUEST

EXHIBIT K

PART A: (To be completed by offender)

Offender's Name: Donney, Humberto H. Date: 11.3.17
 Work Assignment: _____ TDCJ No.: 02057999
 Wing No: 12-B-36 School Hours: _____ Work Hours: _____
 Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____
 Reason for Health Services Appointment: Severe abdominal pain and rec-
tal bleeding.
 How long have you had this problem? Hours: _____ Days: 19-Months

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

Donney
 Signature of Offender

CONSULTED RN

Part B: (To be completed by medical personnel – Do not write below this line)

Medical Reply: seen and prescribed on 11/7/17. D. Thomason, RN
A. Grisham, MD
 Medical Staff Member's Signature
11/7/17

NOV 07 2017



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2018007313

Date Received: 9-14-17

Date Due: 10-29-17

Grievance Code: 601

Investigator ID #: J2387

Extension Date: 12-13-17

Date Retd to Offender: 12-10-2017

Offender Name: Domino, H. H. TDCJ # 02057999Unit: AH Housing Assignment: 12-B-80Unit where incident occurred: AH

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Mr. T. Smith, CNM. (1-60) When? 9.7.17What was their response? NoneWhat action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On the afternoon of September 1, 2017 I advised Officer Lauson that I needed medical attention. Shortly after speaking with Mr. Lauson, Sgt. Payne arrived at my location and informed me that he had consulted with nurse Mr. Muñoz, who stated that they (Medical personnel) were not going to see me. I advised Sgt. Payne that it was urgent and explained to him what was occurring. Sgt. Payne advised Officer Lauson to escort me to A-B Hallway Clinic. Upon arrival at the Clinic I informed Dr. Bennett and nurse Mr. Muñoz that I was experiencing severe abdominal pain and had been bleeding excessively from the rectum all morning. Despite my complaint of these conditions, Dr. Bennett and nurse Mr. Muñoz denied my request of pain medication and refused to conduct an examination in regards to the complaint of excessive bleeding. In response to my request Mr. Muñoz I-

coughed and advised Mr. Lamson to take me back to my cell. In addition Dr. Bennett stated that there was nothing wrong with me for the exception that I was full of shit. Witnesses to this incident are Officer Lamson and Lt. Strickland.

Action Requested to resolve your Complaint.

proper medical care.

Offender Signature:

Benny

Date: 9.12.17

Grievance Response:

Unsubstantiated. Mr. Munoz denies your allegations. You were seen on 9/1/17, and 9/7/17. Both times you acted aggressively and had to be removed by security. You were seen by Mr. Bennett on 9/11/17. He ordered you medication. You had an appointment for GI at HG on 10/18/17. You overdosed on Inderal while you were there and were sent to Jester 4. You have an appointment pending this month.

Signature Authority:

Leo Smith

T. Smith RN CNM

NOV 01 2017

Date: 10/31/17

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
 2nd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
 3rd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____

JAN 31 2018



EXHIBIT M

Texas Department of Criminal Justice

STEP 2

OFFENDER
GRIEVANCE FORM

Offender Name: Donney D. D. TDCJ #: 02057999
 Unit: AH Housing Assignment: 12-B-36
 Unit where incident occurred: AH

OFFICE USE ONLY	
Grievance #:	<u>201807313</u>
T CJ Recd Date:	<u>NOV 21 2017</u>
HQ Recd Date:	<u>DEC 01 2017</u>
Date Due:	<u>1-5</u>
Grievance Code:	<u>6001</u>
Investigator ID:	
Extension Date:	

You must attach the completed Step 1 Grievance that has been signed by the Offender for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response to my Step 1 because:

The step 1 response states that I was seen on 9/1/17, and 9/7/17. Records indicate that I was seen, but the truth is that, I was not examined and given the appropriate treatment. Despite my complaints of severe abdominal pain and rectal bleeding, Dr. Bennet denied my request of pain medication and did not conduct an examination or order blood analysis in regards of the rectal bleeding. I had to submit another sick call and was not ordered medication until the date of 9/11/17. As far as me having to be removed due to being aggressive, it is a false statement and I have proof. Dr. Bennet stated that I was full of s--- and that he was done with me, and asked security to take me back to my cell. Another false statement is that, I overdosed on (Linderal). I do not take this medication. In fact, I did not.

to overdose at Hospital Galveston should there be any records of this? Any records of the Lab work due to their supposed, overdose?

Offender Signature: _____

Date: 11-13-17

Grievance Response: _____

A review of the Step 1 has been completed regarding your complaint of experiencing severe abdominal pain and had been bleeding excessively from the rectum.

Appellate review shows on 10/02/2017, you were evaluated for drug overdose and abdominal pain, swallowed razor blade and possible attempted hanging. You reported having severe abdominal pain, bleeding from the rectum for seventeen (17) months and only receiving zantac. The tests result showed a normal electrocardiogram (EKG), no foreign body seen in x-ray of the abdomen and the occult stool test was negative for blood. Also, the result of the anoscopy showed external and internal hemorrhoids, no evidence of rectal bleeding, no mass or anal fissure present and no infection. On 10/24/2017, you were seen by the mental health provider and discharged to return back to your unit of assignment. You signed a refusal of treatment form on 10/25/2017 for the complaint of chest pain. The review shows in the future you are scheduled to be seen in the gastroenterology clinic. It will be in your best interest to attend all scheduled appointments. On 11/16/2017, you were seen for bleeding hemorrhoids and prescribed Hemorrhoidal cream. Review of the documentation indicates you have been afforded access to medical care.

If you feel your medical condition has changed or warrants further evaluation, submit a Sick Call Request to discuss your concerns with a licensed medical provider.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: _____

Date: 12-19-17Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted.*
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

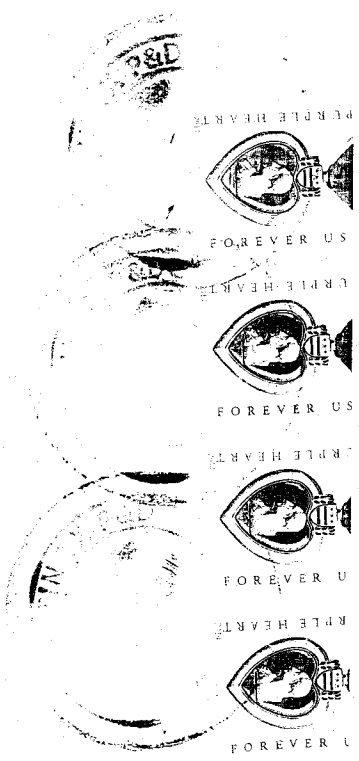
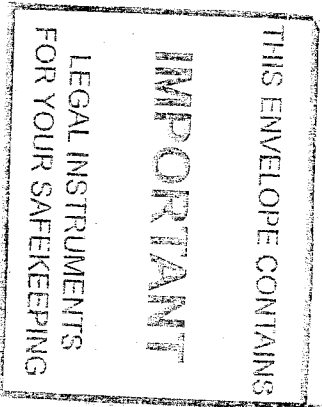
Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

Humberto H. Gomez
#02057999
Alfred Hughes Unit
3201 FM 929
Gatesville, Tx US 76597



Clerk, U.S. District Court
Western District of Texas
United States Courthouse
800 Franklin Avenue, Rm
Waco, Texas 76770